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Texas Department of Agriculture
Texas Prescribed Burning Board
Training Verification

PBB-602

TODD STAPLES, COMMISSIONER

SECTION A	¹ APPLICANT INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name	M. I.	Last Name
	Social Security No. - -			
	² MAILING ADDRESS			
	Address			
	City		State	Zip
	³ CONTACT INFORMATION			
	Primary Phone () -		Secondary Phone (optional) () -	
	Cell Phone (optional) () -		Fax (optional) () -	
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION B	¹ TRAINING VERIFICATION			
	City	PBB Training Region	Date / / month day year	
	² TO BE COMPLETED BY COURSE PROVIDER			
	Printed Name		Test Score	
	Course Provider Signature		<input type="checkbox"/> Certification Training <input type="checkbox"/> CEU Training	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)